- (j) *Record retention*. The State must retain documents in accordance with 45 CFR 74.53.
- (k) Reasonable opportunity to present satisfactory documentary evidence of citizenship. States must give an applicant or recipient a reasonable opportunity to submit satisfactory documentary evidence of citizenship before taking action affecting the individual's eligibility for Medicaid. The time States give for submitting documentation of citizenship should be consistent with the time allowed to submit documentation to establish other facets of eligibility for which documentation is requested. (See §\$sect; 435.930 and 435.911.)

[71 FR 39222, July 12, 2006, as amended at 72 FR 38691, July 13, 2007]

Subpart F—Categorical Requirements for Eligibility

§435.500 Scope.

This subpart prescribes categorical requirements for determining the eligibility of both categorically and medically needy individuals specified in subparts B, C, and D of this part.

DEPENDENCY

\$435.510 Determination of dependency.

For families with dependent children who are not receiving AFDC, the agency must use the definitions and procedures set forth under the State's AFDC plan to determine whether—

- (a) An individual is a dependent child because he is deprived of parental support or care: and
- (b) An individual is an eligible member of a family with dependent children

[43 FR 45204, Sept. 29, 1978, as amended at 58 FR 4929, Jan. 19, 1993]

AGE

\$435.520 Age requirements for the aged.

The agency must not impose an age requirement of more than 65 years.

[58 FR 4929, Jan. 19, 1993]

§ 435.522 Determination of age.

- (a) Except as specified in paragraphs (b) and (c) of this section, in determining age, the agency must use the common-law method (under which an age reached the day before the anniversary of birth).
- (b) For families and children, the agency must use the popular usage method (under which an age is reached on the anniversary of birth), if this method is used under the State's AFDC plan.
- (c) For aged, blind, or disabled individuals, the agency must use the popular usage method, if the plan provides under §435.121, §435.230, or §435.330, for coverage of aged, blind, or disabled individuals who meet more restrictive eligibility requirements than those under SSI.
- (d) The agency may use an arbitrary date, such as July 1, for determining an individual's age if the year, but not the month, of his birth is known.

[58 FR 4929, Jan. 19, 1993]

BLINDNESS

§ 435.530 Definition of blindness.

- (a) Definition. The agency must use the same definition of blindness as used under SSI, except that—
- (1) In determining the eligibility of individuals whose Medicaid eligibility is protected under §§ 435.130 through 435.134, the agency must use the definition of blindness that was used under the Medicaid plan in December 1973; and
- (2) The agency may use a more restrictive definition to determine eligibility under § 435.121, if the definition is no more restrictive than that used under the Medicaid plan on January 1, 1972.
- (b) State plan requirement. The State plan must contain the definition of blindness, expressed in ophthalmic measurements.

§ 435.531 Determinations of blindness.

- (a) Except as specified in paragraph (b) of this section, in determining blindness—
- (1) A physician skilled in the diseases of the eye or an optometrist, whichever the individual selects, must examine